



# Education at Work Scholarship Guidelines

## Who and what are the scholarships for?

The Education Cabinet will award \$500 scholarships to encourage agency customers to pursue postsecondary education.

Scholarships in the sum of \$500 must be used for tuition, books, lab and technology fees at a Kentucky postsecondary institution.

## Are there requirements?

An applicant shall be a Kentucky resident.

An applicant shall have received services for any period of time from Jan. 1, 2002-April 28, 2005 from any of these Education Cabinet agencies: Office for the Blind; Office of Employment and Training; Office of Career and Technical Education; Office of Vocational Rehabilitation; and Kentucky Adult Education. Examples of services include Workforce Investment Act, unemployment insurance, vocational rehabilitation, dislocated worker program, secondary Kentucky Tech schools and adult learning centers.

An applicant must attend a Kentucky postsecondary educational institution in fall 2005.

An applicant shall demonstrate excellent character. Two character reference letters from persons not related to the applicant shall be submitted. Letters should attest to the applicant's potential for success in postsecondary education.

An applicant shall write an essay limited to 600 words on Kentucky's new brand "Unbridled Spirit" and how this theme relates to your educational and career goals. (What it means: Kentucky is a place where spirits are free to soar and big dreams can be fulfilled. We relish competition and cherish our champions for their willingness to push beyond conventional boundaries to reach new heights of success.) Your essay should describe how the Education Cabinet service you used will help achieve these goals. Applicants' names should be on essays, which should be typed or neatly handwritten.

## Where do I submit an application?

The completed scholarship application and required attachments (reference letters and essay) must be postmarked by April 28, 2005. **All materials must be submitted in one envelope at the same time or the applicant will be disqualified. Do not staple.** Use the checklist at right and mail to:

Education Cabinet  
ATTN: Wynnee Hecker  
Office of Communication  
Capital Plaza Tower, 3rd floor  
500 Mero Street  
Frankfort KY 40601

## Use this checklist before you mail. Have you:

- ☐ Completed all information on the application, including signatures?
- ☐ Attached two character references?
- ☐ Written and attached an essay?
- ☐ Included all materials in one envelope?

Results will be announced by June 30, 2005. For more information, contact Wynnee Hecker at 502-564-6606, x 128 or at [WynneeJ.Hecker@ky.gov](mailto:WynneeJ.Hecker@ky.gov).



Virginia G. Fox, Secretary, Education Cabinet  
[www.educationcabinet.ky.gov](http://www.educationcabinet.ky.gov)  
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# Education at Work Scholarship Application

[Please print neatly or type. All blanks on the application form must be filled in with information or N/A (not applicable). Incomplete applications will be disqualified.]

Full Name \_\_\_\_\_ County of Residence \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

(If you have no phone, list a name and phone number to contact in order to reach you.) \_\_\_\_\_

E-mail address (if applicable) \_\_\_\_\_ How did you hear about the scholarship? \_\_\_\_\_

## Education Background

High School or Adult Education Program Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Earned High School Diploma/GED on This Date \_\_\_\_\_

## Kentucky Postsecondary Education

(List “undecided” as the institution name if you do not know which school you’ll attend in fall 2005.)

Institution Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Date Enrolled \_\_\_\_\_ Planned Field of Study \_\_\_\_\_

Circle One (if applicable): Full-time Student Part-time Student (Scholarship checks will be made payable to the school you attend.)

## Program Verification

(Applicant MUST HAVE his/her LOCAL SERVICE PROVIDER complete this section.)

Program(s)/Service(s) Applicant Enrolled in \_\_\_\_\_ Dates of Service from \_\_\_\_\_ to \_\_\_\_\_  
mo/yr mo/yr

*I hereby certify that the above named individual is enrolled in an Education Cabinet program or service.*

Agency Employee/Service Provider (Print name) \_\_\_\_\_ Date \_\_\_\_\_

Agency Employee/Service Provider (Signature) \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

## Applicant Signature

If I apply for a scholarship, I give permission to the Education Cabinet to use my name, information from my application (except for address and SSN) and essay along with photographs in any public relations or public information materials, and I release the cabinet, its agencies, agents and assigns from any claims, demands or actions as a result of use of this information.

If I am awarded the scholarship, I represent that the scholarship monies will be used as described in the scholarship guidelines and for no other purpose and agree to reimburse the cabinet for any monies received and not used in accordance with the scholarship guidelines. If for any reason I do not attend school as stated in this application, I understand that I am expected to return the scholarship given to me by the Education Cabinet.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

See scholarship guidelines for other submission requirements. Application packets must be postmarked by April 28, 2005.